PTO/SB/17 (10-08)
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	spond to a collection of information unless it displays a valid OMB control number								
Effect Fees pursuant to the Consolia	Complete if Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/5			518,201		
FEE TRANSMITTAL For FY 2009				Filing Date Octob			6, 2005		
				First Named Inventor Wei		Wei T. F	/ei T. Huang		
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name Tae H. Yoon					
		See 37 CFR 1.2		Art Unit		1796	***************************************		
TOTAL AMOUNT OF PAY	MENT (\$)	810.00		Attorney Docket	t No.	H00056	31.6846	5 USA	
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 500977 Deposit Account Name: Buchalter Nemer									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
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FEE CALCULATION					*****				
1. BASIC FILING, SEAF	RCH, AND E	XAMINATION F	EES						
	FILING FI		SEAR	SEARCH FEES EXAM			INATION FEES		
Application Type	E (A)	nall Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee		Entity (\$)	Fees Paid (\$)	
Utility	330	165	540	270	220				
Design	220	110	100	50	140		0		
Plant	220	110	330	165	170		-		
Reissue	330	165	540	270	650				
Provisional	220	110	0	0	0		0		
2. EXCESS CLAIM FEES Small Entity									
Fee Description Fee (\$)								Fee (\$)	
Each independent claim over 3 (including Reissues)							52 220	26 110	
Multiple dependent claims							390	195	
				<u>Paid (\$)</u>			Multiple Dependent Claims		
- 20 or HP = HP = highest number of total	claims paid for	if greater than 20	=			E	ee (\$)	Fee Paid (\$)	
Indep. Claims	Extra Claims		Fee F	Paid (\$)		-		***************************************	
- 3 or HP = HP = highest number of indep	andont alaine		=						
3. APPLICATION SIZE I	EF	, 3		•					
If the specification and	drawings ex	ceed 100 sheets	of pape	er (excluding el	ectroni	cally file	d sequer	nce or computer	
listings under 37 CF	R 1.52(e)), t	he application s	size fee	due is \$270 (\$1	35 for	small en	tity) for	each additional 50	
sheets or fraction the Total Sheets	Extra Sheets	5 U.S.C. 41(a)(Number	1)(G) at of each	nd 3 / CFR 1.16 additional 50 or	(S). fraction	n thereof	Fee	(\$) Fee Paid (\$)	
- 100 =		/ 50 =		(round up to a wh				=	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								Fees Paid (\$)	
Other (e.g., late filing surcharge): Request for Continued Examination 810.00									
UBMITTED BY	1.	Mr h.							
ignature Registration No. 46 ac4							Telenhon	B040 004 6000	
ame (Print/Type) Sandra P. Thompson					,∠04		Telephone 949-224-6282 Date September 8, 2009		
ame (Filliw Type) Spandra P.	rrompson	17				l l	vate Sep	temper 8, 2009	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.